FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15591** **(1)**

1. Corporation Name
GETZ INTERNATIONAL TRAVEL, INC.

Principal Place of Business	Mailing Address
150 POST ST., SUITE 500 PO BOX 193994 SAN FRANCISCO CA 94108	150 POST ST., SUITE 500 PO BOX 193994 SAN FRANCISCO CA 94108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: County 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **94-2960663** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	PRITZKER, ROBERT A.	12 NAME		
STREET ADDRESS	225 W. WASHINGTON STREET	13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	GLUTH, ROBERT C.	22 NAME		
STREET ADDRESS	225 W. WASHINGTON ST	23 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	SARGENT, MAYARI A.	32 NAME	PRITZKER, MAYARI S.	
STREET ADDRESS	225 W. WASHINGTON ST	33 STREET ADDRESS	225 W. WASHINGTON ST	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	MICHAEL, ADEL	42 NAME		
STREET ADDRESS	150 POST ST., #500	43 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	WEBB, ROBERT W.	52 NAME		
STREET ADDRESS	225 W. WASHINGTON STREET	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
TITLE	P	61 TITLE	P	☒ Change ☐ Addition
NAME	ROBERT W. WISSE	62 NAME	KALICH, RONALD B.	
STREET ADDRESS	100 FIRST, SUITE 2280	63 STREET ADDRESS	150 POST ST., #500	
CITY-ST-ZIP	SAN FRANCISCO CA	64 CITY-ST-ZIP	SAN FRANCISCO CA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adel M Michael 4/18/95 (415)772-5500
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483123 FP